

Delaware Friends of BOW Scholarship Application

410 Cornish Rd.
Harrington, DE. 19952



| APPLICANT INFORMATION | | | | | |
|---|----|-------------------|--|------------------|------|
| Last Name | | First | | M.I. | Date |
| Street Address | | | | Apartment/Unit # | |
| City | | State | | ZIP | |
| Phone | | E-mail Address | | | |
| Are you a resident of Delaware? YES <input type="checkbox"/> NO <input type="checkbox"/> Single? _____ Married? _____ | | | | | |
| Divorced? _____ widowed? _____ Dependents? YES <input type="checkbox"/> NO <input type="checkbox"/> Number of? _____ | | | | | |
| EDUCATION | | | | | |
| High School | | Address | | | |
| From | To | Did you graduate? | YES <input type="checkbox"/> NO <input type="checkbox"/> | Degree | |
| College | | Address | | | |
| From | To | Did you graduate? | YES <input type="checkbox"/> NO <input type="checkbox"/> | Degree | |
| Other | | Address | | | |
| From | To | Did you graduate? | YES <input type="checkbox"/> NO <input type="checkbox"/> | Degree | |
| REFERENCES | | | | | |
| <i>Please list two personal references</i> | | | | | |
| Full Name | | | Relationship | | |
| Address | | | Phone () | | |
| | | | | | |
| Full Name | | | Relationship | | |
| Address | | | Phone () | | |
| | | | | | |

| EMPLOYMENT | |
|---|------------------------------|
| Company | Phone () |
| Address | Supervisor |
| Responsibilities | |
| Please indicate which of the following income range matches your gross family income: _____ under \$25,000 _____ \$25,000 – \$ 44,999 _____ \$45,000 - \$69,000 _____ over \$70,000 | |
| MILITARY SERVICE | |
| Branch | From To |
| Rank at Discharge | Type of Discharge |
| DISCLAIMER AND SIGNATURE | |
| I certify that my answers are true and complete to the best of my knowledge. | |
| I understand that false or misleading information in my application or interview may result in not attaining a scholarship or repaying the scholarship funds. | |
| Signature | Date |

If there are any family circumstances that shall influence your need for financial assistance, please describe: _____

ESSAY: On a separate page describe in 250 words or less why you should be chosen for a Delaware Friends of BOW Scholarship:

Have you ever attended a BOW workshop in the United States or any other location? Yes or No (circle one). If yes where: _____

Or

Are you a new participant for 2017 BOW? Yes or No

APPLICANTS SIGNATURE _____ DATE _____

OFFICIAL RULES: Full scholarships and partial scholarships will be awarded to deserving women by Delaware Friends of BOW to participate in Delaware’s 2017 Becoming An Outdoor Women program. The Scholarship money will be paid directly to Delaware BOW – Division of Fish & Wildlife. The scholarship recipients will be selected based on residency, financial need, and desire to participate. All applicants will be evaluated on a comparative basis on the sole discretion of the committee. Decisions will be final. New participants who have never attended a BOW workshop (nationally) will have preference. Acceptance of scholarship constitutes permission to use recipients name and/or likeness for purpose of promotion.

Please return this application and an essay to
Delaware Friends of BOW Scholarship
C/O Sherrie Turner
410 Cornish Rd.
Harrington, DE 19952